PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 09/645794												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMAL TYPE	SMALL ENTITY TYPE			OTHER THAN	
TOTAL CLAIMS							RAT	E	FEE		RATE	FEE
FO	a		NUMBER FILED		NUMB	NUMBER EXTRA		FEE	355.00	OR	BASIC FEE	710.00
тот	TAL CHARGEAE	BLE CLAIMS	minus 20=		. `	. 2		9=	18	. OR	X\$18=	
IND	EPENDENT CL	AIMS	5 m	inus 3 =		2	X40)=	80	OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+13	5=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOT	AL	453	OR	TOTAL	
	CI	LAIMS AS A	MENDE) - PAR	₹T II			'		•	OTHER	
		(Column 1)		(Colu	ımn 2)	(Column 3)	SMA	LLE	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER IOUSLY D FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	.78	Minus	21	2	= 58	X\$!	9=		OR	X\$18=	1,04
AME	Independent	26	Minus	TOENIDEN!	3	35	X40)=		OR	X80=	1806
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	5=		OR	+270=	
								DTAL	<u></u>	OR	TOTAL ADDIT, FEE	DNAC
		(Column 1)		(Colu	ımn 2)	(Column 3)	ADDIT.	FEEI] ~	ADDII. FEE	y y
		(Column 1) CLAIMS		HIGH	HEST		1		ADDI-	Ì		ADDI-
ENT B		REMAINING AFTER AMENDMENT		PREVI	MBER TIOUSLY D FOR	PRESENT EXTRA	RAT	ſΕ	TIONAL		RATE	TIONAL FEE
NDMENT	Total	*	Minus	**		=	X\$:	9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X40)=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+13	5=		OR	+270=	
								OTAL		OR	TOTAL ADDIT. FEE	
		(Calumn 1)	<u> </u>	(Colu	·mn 2)	(Column 3)	ADDIT.	FEE			AUUII. FEE	
		(Column 1) CLAIMS		HIGH	umn 2) HEST		1	—	ADDI-	l		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	MBER TIOUSLY D FOR	PRESENT EXTRA	RAT	Έ	TIONAL FEE		RATE	TIONAL FEE
NO N	Total	•	Minus	**		=	X\$ 9	9=		OR	X\$18=	
ME	Independent	•	Minus	•••		=	X40)=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
	u uin nolu	4 in long than :	the entry in col	uma 2 wri	o "O" in oc	slumn 3	+13			OR	+270=	<u> </u>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

Application or Docket Number

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:						
		Total Fee	Calcula	tion			
	Fee Code	Total # Claims	Number Extra	X	Fce	Fee	= Total
	Sm./Lg.				Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101	1 /			345	690	= 690
Total Claims >20	203/103	-20 =		x	9	18	= .
Independent Claims >3	202/102		$\frac{\mathcal{V}}{\mathcal{V}}$	x	39	78	= 156
Mult. Dep Claim Present	204/104				130	260	=
Surcharge	2 05/105				65	130	= 130
English Translation	139						:
TOTAL FEE CALCULA	ATION						976
Fees due upon filing t	he application:						
Total Filing Fees Due	= \$	976	>				
Less Filing Fees Subn	nitted - \$		-				•
RALANCE DUE	– c						

FORM OIPE-RAM-01 (Rev. 12/97)